



1.2b INCIDENTAL EXPENSES CLAIM

Name:				
Role:				
Submission Date:	/ /	Total Amount:		£ :
Sort Code:	/ /	Account Number:		
Description of goods, event attended or service provided (including dates)	Receipt? Dated?	Mileage**	Mileage Rate***	Total
	Yes/No*			
	Yes/No*		£ 0:15	£ :
	Yes/No*		£ 0:15	£ :
	Yes/No*		£ 0:15	£ :
	Yes/No*		£ 0:15	£ :
	Yes/No*		£ 0:15	£ :

* Delete as applicable
 ** Return journey total mileage
 *** £0.15 per mile

Notes:

Statement:

1. The *bona fide* incidental expenses/costs listed above were incurred by myself while carrying out duties on behalf of Yeovil & Sherborne Hockey Club.
2. I have received no prior advanced payment and I am not making a claim by any other means (this form is not to be used for claims involving coaching expenses or match costs).
3. Authority (committee minutes, or club officer): _____

Claimant signature: _____ Date: _____

Countersigned: _____ Date: _____